

Juvenile Mental Health

Current Evidence Based Practice

1

Evidence Based Practices are interventions proven to be effective and are:

- Standardized treatments that result in improved outcomes. Outcomes are replicated in a variety of studies with different types of youth.
- Based on thorough understanding of adolescent development
- Flexible enough to be incorporated into a program serving youth and their families
- Increasingly being mandated by states

Types of EBP (3) Categories

- Psychopharmacological Intervention
 - Psychosocial Therapy
- Family and Community Based Models

3

Types of Therapy

- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Multidimensional Therapy (MTFC)

Δ

<u>Multisystemic Therapy</u>

- MST views the youth as embedded in interconnected systems
- The therapist is available 24/7
- The therapist works extensively with the youth's caregivers

Indicators of effectiveness –

- Reduction in recidivism
- Decrease mental health problems
- Improved family functioning

5

Functional Family Therapy

- Short term family focus
- Three phases
 - 1. Engagement and motivation
 - 2. Behavior change
 - 3. Generalization

Indicators of effectiveness –

- Reduction in recidivism
- Reduced sibling high risk behaviors

Multidimensional Therapy Foster Care

• Youth is placed in Foster Care for 6-9 months

Foster Care setting provides -

- Close supervision
- Fair, consistent behavior management
- Youth receives mental health services

Indicators of effectiveness –

- Fewer days of out of home placement
- Increased school attendance
- Reduced recidivism

7

Examples of EBP to Address Substance Abuse

- Brief Strategic Family Therapy (BSFT)
- Multisystemic Therapy (MST)
- Cannabis Youth Treatment (CYT)
- Trauma Focused Cognitive Behavior Therapy (CBT)
- Trauma Affect Regulation (TARGET)
- Trauma Recovery and Empowerment (TREM)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

Psychopharmacological Intervention

- Medication is aimed at symptom reduction.
- For most kids, this should not be the first line of treatment.
- Often this is most effective if used along with an EBP.

Q

Critical Issues in Treatment

- Address co-occurring disorders
- Trauma focused treatments
- Gender specific considerations
- Culturally sensitive interventions

Screening TOOLS

- MAYSI- Basic Screening Tool used upon entering a Juvenile Detention Center or a Juvenile Justice Program.
- SASSI-Substance Abuse Screening Tool that provides the High and Low probability of Substance Abuse Disorders.
- CAFAS-Child and Adolescent Functional Assessment Scale.
- GAINS-Bio-Psychosocial Assessment designed to be used in clinical settings.
- SAVRY-Structured Assessment of Violence Risk in Youth.
- Trauma Checklist-Screening of youth past and current Trauma

11

Juvenile Outreach Programs

Juvenile Outreach Programs provide services and supports for youth with serious emotional disorders and/or serious mental illness who are in the detention centers or juvenile justice system.

Juvenile Outreach Programs

To provide linkage and access to mental health services while in the detention center and aftercare or follow-up six months following discharge.

13

OUTPATIENT SERVICES

- These are services for individuals who are not Hospitalized but who need Mental Health Services.
- Community Support
- Individual and Group Therapy
- Crisis Response
- School Based Services
- Day Treatment
- Physician Services

INPATIENT SERVICES

- Inpatient services refers to any medical service that requires admission to a Hospital.
- Private-(Millcreek, Alliance, Cares.)
- State-Mississippi State Hospital, Children's CSU, and Diversion Program.

15

Questions? Comments?

- Dwayne Nelson Juvenile Mental Health Coordinator.
- 601-359-1288